

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 781 Office of Registrar of Vital Statistics. Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 30 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Etta Rosenheim

Sex, Male or Female, { Cross out the word not required in this line. }

Age,        Years, 7 Months,        Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, 2 1/2

Place of Death, { Give Street and Number. } 821 N. Caroline

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Eder St Cemetery

Date of Burial, June 30 1887

Undertaker, Henry M. Lewis M. D.

Medical Attendant.

Place of Business, 200 N. Central Address, 1437 Orleans

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as near as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 782 Office of Registrar of Vital Statistics. Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 30<sup>th</sup> 1887

Full Name of Deceased, Eileen Redding { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 8 Years, 8 Months, — Days.

Color, white

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Full ✓

Birth Place, Balto { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, —

Place of Death, 108 E. Emd { Give Street and Number. }

Cause of Death, Cholera Infantum { First (Primary), Second (Immediate), }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 2<sup>nd</sup> 1887

Undertaker, McLagan Chas. L. Buchanan M. D. Medical Attendant.

Place of Business, 227 Muller 707 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 783 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 29th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Margaret Kelly

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 75 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 37 yrs.

Place of Death, { Give Street and Number. } 506 N Schroeder St

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy  
Heart clots

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 1st 1887

{ Undertaker, M. Cogan } H. Hill M. D.

Medical Attendant.

{ Place of Business, 227 Mulberry St } Address, 1001 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

784

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *June 30<sup>th</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Chas. Schweinberg*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *—* Years, *1* Months, *16* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*

Occupation, *—*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *city*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give Street and Number. } *917 N. Durham St.*

Cause of Death, { First (Primary), Second (Immediate), } *Cholera Infantum*  
*Convulsions*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *July 1<sup>st</sup>*

Undertaker, *Wm. J. Schaffer* *Edwin B. Fenby, M. D.*  
Medical Attendant.

Place of Business, *W. S. Front St.* Address, *1201 N. Eden St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 785 Office of Registrar of Vital Statistics. Ward 11 <sup>11</sup>/<sub>9</sub>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 6.30.87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hellen Blair Wright

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 2 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Ballerina

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 930 Madison Ave.

Cause of Death, { First (Primary), Second (Immediate), } Confestini Lung  
3 Mks

Duration of Last Sickness, 3 Mks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 2/87

{ Undertaker, W. Jenkins Sons } Henry M. Casman M. D. Medical Attendant.

{ Place of Business, 201 W. Annapolis } Address, 349 Lech

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



# Health Department, City of Baltimore.

Permit No.

786 Office of Registrar of Vital Statistics.

Ward

10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

30 June 1889

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

James W. Barroll

Sex, Male or Female,

Cross out the word not required in this line.

Age,

73

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Retired from business

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Md

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

Give Street and Number.

Fayette &amp; Paca Sts (N E Cor.)

Cause of Death,

First (Primary),

Nervous exhaustion

Second (Immediate),

Effusion on Brain

Duration of Last Sickness,

2 mos

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral

Date of Burial,

July 2nd 89

Undertaker,

Newfashion &amp; Sons

Place of Business,

Park &amp; Harbory

Address,

1319 Madison Ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 787 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 30<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ferdinand C. Le Fèvre

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — Years, 8 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 1523 Lexington

Cause of Death, { First (Primary), Second (Immediate), } Cholera infantum

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 1/87

Undertaker, Thompson & Sons

Place of Business, 201 W. Street

Medical Attendant, Dr. J. McPherson M. D. Address, 707 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 788 Office of Registrar of Vital Statistics. Ward 11<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 30<sup>th</sup> '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eddie Earles

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Three Years, Months, Days.

Color, Brown

Married, Single, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, Balto. City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 3 months

Duration of Residence in the City of Baltimore, 95 Orchard St.

Place of Death, { Give Street and Number. } Cholera

Cause of Death, { First (Primary), Second (Immediate), } Infantile

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Shampers Cemetery

Date of Burial, July 1<sup>st</sup> '87

Undertaker, Alex. Henry F. B. Gardner M. D. Medical Attendant.

Place of Business, 56 Orchard St. Address, 424 E. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No.

A. 789

Office of Registrar of Vital Statistics.

Ward

12<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 29<sup>th</sup> 87  
Robert A. Morrison Jr.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years,

2 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Single  
Clerk

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt.

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

1709 Madison Ave.

Cause of Death, { First (Primary), Second (Immediate), }

Phthisis

Duration of Last Sickness,

Two years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 1<sup>st</sup> 1887

H. M. Wilson

M. D.

Undertaker, Stewart & Morrison

Medical Attendant.

Place of Business, 215 & 217 Park Ave Address, 1008 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, gm 1132. Printed 10/27/2022.

Board of Health, City of Baltimore,

Permit No. A 790

Office of Registrar of Vital Statistics.

Ward

8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

June 30<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

John T. Mulligan

Sex, Male or Female,

{ Cross out the word not required in this line.

Age,

Years,

1

Months,

14

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line.

Occupation,

Birthplace,

{ State or country, and how long in the United States, if of foreign birth.

Baths, Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give street and number.

930 Hillman St.

Cause of death,

{ First, (Primary.)

{ Second, (Immediate.)

Indigestion

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral Cemy

Date of Burial,

July 1<sup>st</sup> 1887

Undertaker,

A. Pink & Son

Dr. Brooke Park

M. D.,

Medical Attendant.

Place of Business,

915 N. Gay St

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]